

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	INTER LAYERS FOR PERPENDICULAR RECORDING MEDIA
Attorney Docket Number::	<b>146712005100</b>
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	9
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Qixu
Family Name::	CHEN
City of Residence::	Milpitas
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	1630 Tahoe Dr.
City of mailing address::	Milpitas
State or Province of mailing address::	CA
Postal or Zip Code of mailing address::	95035

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Korea, Republic of  
Status:: Full Capacity  
Given Name:: Chung-Hee  
Family Name:: CHANG  
City of Residence:: Fremont  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 46910 Fernald Common  
City of mailing address:: Fremont  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94539

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Taiwan, Republic of China  
Status:: Full Capacity  
Given Name:: Li-Lien  
Family Name:: LEE  
City of Residence:: San Jose  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 4615 Clarendon Drive  
City of mailing address:: San Jose  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 95129

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Samuel  
Middle Name:: D.  
Family Name:: HARKNESS

Name Suffix:: IV  
City of Residence:: Berkeley  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 839 Miramar Ave.  
City of mailing address:: Berkeley  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94707

**Correspondence Information**

Correspondence Customer Number:: 25227

**Representative Information**

Representative Customer Number:: 25227

**Assignee Information**

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